

L 11 000 112078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

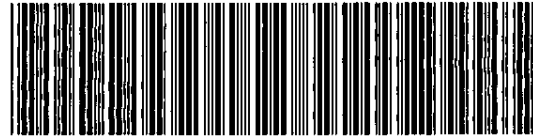
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200213503742

10/31/11--01034--012 **55.00

2011 OCT 31 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

NOV - 1 2011

EMERGENCY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Lab, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Craig T. Cuden
(Contact Person)

(Firm/Company)

10172 Heronwood Lane
(Address)

West Palm Beach, Florida 33412
(City/State and Zip Code)

For further information concerning this matter, please call:

Craig T. Cuden at (561) 775-7014
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT 31 PM 12:14

FILED



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: American Lab, LLC

2. This limited liability company was organized under the laws of: Florida

3. The Florida document/registration number of this limited liability company is: L11000112078

4. I, Frank P. Mehok, Jr., hereby resign as a Member and Managing Member
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2011 OCT 31 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED